DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0280	A. BUILDING: _____ B. WING _____	C 09/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER VALLEY PLACE OF FORT MADISON	5025 RIVER VALLEY ROAD FORT MADISON, IA 52627

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 17 Number of tenants with cognitive impairment: 16 Total census: 33 No regulatory insufficiencies were cited during the investigation into Complaint #122221-C. The following regulatory insufficiency was cited during the investigation into Complaints #122222-C, #122012-C and #121996-C.	A 000		
A 395	481-69.26(4)a Service Plans 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: a. The tenant's identified needs and preferences for assistance This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to address the housekeeping needs in the service plan for 1 of 1 discharged tenants reviewed (Tenant C1). Findings follow: Record review on 9/23/24 revealed Tenant C1 had a service plan dated 7/1/24. The service plan identified Tenant C1 received standard, once weekly housekeeping services.	A 395		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 395	Continued From page 1 On 9/23/24 at 10:52 AM, Staff A stated she would clean Tenant C1's apartment and 30 minutes later it was dirty again. He often packed and unpacked his belongings. On 9/23/24 at 11:15 AM, Staff B recalled times she helped clean Tenant C1's apartment in the morning. Tenant C1 then went through his belongings and not put anything away. The apartment was a mess later in the day. Staff B stated staff did not have time to reorganize Tenant C1's apartment throughout each day On 9/23/24 at 10:32 AM, the Nurse reported Tenant C1 kept his apartment in a mess. She spent one whole day scrubbing his room. The next day she went back and the apartment was messy again. Tenant C1 had paint brushes which were all over the apartment. There were crumbs all over the apartment. Cleaning up after Tenant C1 was a constant thing. The Nurse confirmed Tenant C1's service plan did not address his issues with disorganization which led to his apartment often appearing unclean.	A 395		